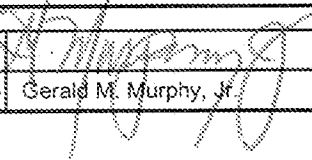


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known Application Number 10/521,454-Conf. #8799 Filing Date November 29, 2005 First Named Inventor Ichiro HIRAO Examiner Name J. L. Epps-Smith Art Unit 1633 Attorney Docket No. 0230-0222PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 2332.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Small Entity Fee (\$)		SEARCH FEES Small Entity Fee (\$)		EXAMINATION FEES Small Entity Fee (\$)		Fees Paid (\$)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity Fee (\$)	Fee (\$)
Fee Description: Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims 31 - 20 or HP = 11		Extra Claims Fee (\$)	Fee Paid (\$) 572.00		Multiple Dependent Claims Fee (\$)		Fee Paid (\$) 390.00
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims 7 - 3 or HP = 220.00		Extra Claims Fee (\$)	Fee Paid (\$) 880.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets - 100 = _____ /50 = _____		Extra Sheets Number of each additional 50 or fraction thereof		Fee (\$)		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1252 Extension for response within second month						490.00	

SUBMITTED BY:			
Signature: 	Registration No. (Attorney/Agent): 28,977	Telephone: (703) 205-8000	
Name (Print/Type): Gerald M. Murphy, Jr.	Date:		